

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016394

Entity Name: WINGEDFOOT FARMS, LLC

FILED  
Jan 11, 2006  
Secretary of State

**Current Principal Place of Business:**

901 SOUTH OCEAN BOULEVARD  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

901 SOUTH OCEAN BOULEVARD  
DELRAY BEACH, FL 33483

**New Mailing Address:**

1730 S FEDERAL HWY  
PMB 386  
DELRAY BEACH, FL 33483

FEI Number: 38-3653472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IACOBUCCI, NANCY L  
901 SOUTH OCEAN BOULEVARD  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: IACOBUCCI, NANCY L  
Address: 901 SOUTH OCEAN BOULEVARD  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NANCY L IACOBUCCI

MGRM

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date